



Mathematics
TEACHER RECOMMENDATION FORM

To the Applicant: Please type or print your name in the space below and then give this form to your current Mathematics teacher with a stamped envelope addressed to The Bolles School Admission Office.

Name of student _____ Applying to grade _____

To the Parent/Guardian: Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential recommendation and the school report.

Signature of parent or guardian _____ Date _____

To the Teacher: This recommendation will remain confidential and will not become part of the student's permanent record. Please keep a photocopy of the completed form and send this original to The Bolles School in the envelope provided. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

Your name _____

Title _____

School _____

How long have you known the student? _____

What are the first three words that come to mind to describe this student?

1. _____

2. _____

3. _____

COURSE DESCRIPTION

Title _____

How often does this class meet? _____

Is this course sectioned according to ability? Yes No

If yes, please briefly explain how this course is sectioned, and the student's placement. _____

What text is used? _____

By June we will have completed _____ of _____ chapters.

The student's average percentage grade is _____.

Were the lessons supplemented by any of the following:

Computer exercises Math competition outside of school

Other _____

What would be the next course recommended for the student? _____

How would you rank the student in the following areas compared with students of the same age?
 Please evaluate the candidate by placing a check in the appropriate column.

ACADEMIC QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Attitude towards subject						
Intellectual curiosity						
Initiative						
Academic performance						
Academic ability						
Ability to reason abstractly						
Ability to think logically						
Oral expression						
Written expression						
Creativity and imagination						
Motivation						
Willingness to take intellectual risks						
Effort and perseverance						
Ability to work in a group						
Ability to work independently						
Seeks help when needed						
Class participation						
Study habits						

PERSONAL QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Honesty/integrity						
Self-esteem						
Attitude toward self						
Self-discipline						
Receptivity to others' ideas						
Leadership						
Sensitivity to others' feelings/respect for individual differences						
Responsibility						
Reaction to setbacks						
Maturity (relative to age)						
Sense of humor						

What are the student's strengths?

As a student _____

As a person _____

In which areas does this student need improvement?

As a student _____

As a person _____

Does the student attend class regularly? Yes No

Is there a problem with tardiness? Yes No If so, please explain _____

How well does the student accept advice or criticism? _____

If the student handed in a paper late, it would probably be because the student:

- procrastinates
- has lots of other activities
- student's work is never late
- strives for perfection of expression
- lost the rough draft
- other, please explain _____

Which words best describe the student's thinking? Imitative Independent Creative
 Other _____

Does this student have any particular interests or affinities you would like to share with us? _____

Within your range of experience, how would you rate the student?

- Truly outstanding
- Excellent
- Good
- Average
- Below average

Is there any other information that would be helpful to us in evaluating the ability of this child to perform in the grade?

If we have additional questions, may we call you? Yes No

If yes, phone number _____ Most convenient time to call is _____

PARENT/SCHOOL RELATIONSHIP

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.

To your knowledge, is the parent's perception of their child compatible with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at school? _____

Which word(s) best describe the parents in regard to their child?

- Supportive
- Demanding
- Controlling
- Indifferent
- Other _____

Additional comments _____

Teacher signature _____ Date _____

Again, thank you for your time and for the helpful information you have provided. Please return all information to:

**The Bolles School
Admission Office
7400 San Jose Boulevard
Jacksonville, FL 32217**

**Phone: (904) 256-5030
FAX: (904) 739-9929**